

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

2010 OCT 19 AM 11:03

COMMITTEE NAME (Must be same as on Statement of Organization)	
Minard for Supervisor	
IMPORTANT: Indicate by # type of committee you are reporting for: <u>5</u>	
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue	
CANDIDATE COMMITTEES ONLY:	
Candidate Name Larry Minard	Political Party (if applicable) Republican
Office Sought County Supervisor	District (if Senate or House)

FORM DR-2 (Rev. 12/2009)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	_____
Logged In	_____
Scanned	_____
Computer	_____
Audited	_____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Larry Minard
SIGNATURE OF PERSON FILING REPORT

503-608-3015
TELEPHONE

10/19/10
DATE SIGNED

I AM FILING A October 19 REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.
(report date) Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election
County & Local Committees, enter County in which Election is held
Scott County

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)	\$ 1,811.93
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	1,947.55
Schedule F: Loans Received total (Attach Schedule F)	0.00
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	0.00
<u>(Schedule H applies to Candidates' Committees Only)</u>	
SUB-TOTAL	\$ 3,759.48
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	845.76
Schedule F: Loan Repayments total (Attach Schedule F)	0.00
CASH ON HAND at the end of this reporting period (if final report balance must be zero)	\$ 2,913.72
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$ 0.00
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$ 0.00
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$ 1,000.00
CONSULTANT BREAKDOWN (Schedule G Attached?)	YES NO
CANDIDATE COMMITTEES ONLY:	
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$ 0.00
STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.	

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)



SCHEDULE A (Rev. 07/03)	MONEY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Minard for Supervisor

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 88B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
08/09/10	ID# CK# 1884	Scott County Republican Women 131 E. 3rd Street Davenport, IA 52801		\$350.00	<input type="checkbox"/>
08/15/10	ID# CK# 7230	Ronald Fuller 6559 Eagle Ridge Road Bettendorf, IA 52722		50.00	<input type="checkbox"/>
08/15/10	ID# CK# 7512	Kerry Beyer 2725 E. 65th Street Davenport, IA 52807		100.00	<input type="checkbox"/>
08/16/10	ID# CK# 1512	Frances Carroll 1733 Eastmere Drive Davenport, IA 52803		25.00	<input type="checkbox"/>
08/18/10	ID# CK# 1330	Scott County Republican Central Committee PO Box 534 Bettendorf, IA 52722		500.00	<input type="checkbox"/>
08/18/10	ID# CK# 1322	Scott County Republican Central Committee PO Box 534 Bettendorf, IA 52722		75.00	<input type="checkbox"/>
08/21/10	ID# CK# 3358	Joni Soorholtz Dittmer 12090 W. 240th Street Eldridge, IA 52748		100.00	<input type="checkbox"/>
08/27/10	ID# CK# 3891	John William Miller 1430 Wisconsin Street LeClaire, IA 52753		25.00	<input type="checkbox"/>
08/28/10	ID# CK# 5619	Judy Davidson 2724 Eagle Heights Court Bettendorf, IA 52722		25.00	<input type="checkbox"/>
08/28/10	ID# CK# 3876	Vicki Conard 2811 E. Hayes Street Davenport, IA 52803		100.00	<input type="checkbox"/>
SUB-TOTAL				\$ 1350.00	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 3
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONEY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
 Minard for Supervisor

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
08/29/10	ID# CK# 3372	L Herbert Tyler 21308 Great River Road LeClaire, IA 52753		\$50.00	<input type="checkbox"/>
08/30/10	ID# CK# 7671	Gregory Adamson 2898 Villa Court Bettendorf, IA 52722		100.00	<input type="checkbox"/>
09/01/10	ID# CK# 4482	Thomas Otting 15 Oak Park Drive Bettendorf, IA 52722		25.00	<input type="checkbox"/>
09/02/10	ID# CK# 7076	Donald Hamann 209 W. LeClaire Road Eldridge, IA 52748		25.00	<input type="checkbox"/>
09/04/10	ID# CK# 1177	Michael Giuclici 2712 E. 40th Street Davenport, IA 52807		50.00	<input type="checkbox"/>
09/04/10	ID# CK# 3832	Dorothy Hahnbaum 1531 W. 53rd Street #219 Davenport, IA 52806		25.00	<input type="checkbox"/>
09/05/10	ID# CK# 11879	Mary Virginia Lantzky 3418 18th Street Bettendorf, IA 52722		25.00	<input type="checkbox"/>
09/24/10	ID# CK# 1035	Jason Gordon 2517 Washington Lane Davenport, IA 52804		25.00	<input type="checkbox"/>
09/27/10	ID# CK# 10580	Lori Freemire 4805 Heatherstone Road Bettendorf, IA 52722		50.00	<input type="checkbox"/>
10/01/10	ID# CK# 2708	James Patten 1024 W. 3rd Street Davenport, IA 52802		50.00	<input type="checkbox"/>
SUB-TOTAL				\$ 425.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)



SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Minard for Supervisor

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10/10/10	ID# CK# 12960	Mary Ellen Hunter 2815 E. Pleasant Davenport, IA 52803		\$50.00	<input type="checkbox"/>
10/14/10	ID# CK#	Unitemized Contributions Includes Cash and Bank Account Interest		122.55	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 172.55	
TOTAL (if last page of this schedule)				\$ 1947.55	

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Minard for Supervisor

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
07/31/10	ID# CK#	Wells Fargo Bank	Bank Service Fee and State Sales Tax	\$ 14.56
08/12/10	ID# CK# 1012	Dimensional Graphics 305 W. Kimberly Road Davenport, IA 52806	150 Mailings	47.08
08/31/10	ID# CK#	Wells Fargo Bank	Bank Service Fee and State Sales Tax	14.56
09/30/10	ID# CK#	Wells Fargo Bank	Bank Service Fee and State Sales Tax	14.56
10/13/10	ID# CK# 1013	Clear Channel Media 3535 E. Kimberly Road Davenport, IA 52807	Radio Spot	680.00
10/14/10	ID# CK# 1014	Larry Minard 2743 Elm Street Davenport, IA 52803	Reimburse for Republican Political Photograph	75.00
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 845.76
TOTAL (if last page of this schedule)				\$ 845.76

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Minard for Supervisor



SCHEDULE

F

(Rev. 02/08)

LOANS
RECEIVED
& REPAYED☐ CHECK THIS BOX IF
AMENDING FORM

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 1000.00PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
			\$

TOTAL (PART I) \$ 0.00PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD

(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAYED
			\$

TOTAL CASH REPAYMENTS (PART II) \$ 0.00From Schedule E -- TOTAL LOANS FORGIVEN \$ 0.00TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 1000.00

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(for Schedule F)